Name in Full — Certificate of Death

Francis Augustus Adams

Died at Town: Franklinville County: Carroll MARYLAND

Date 1934 — Month: 6 — Day: 1 | Age — Y. — M. — D. 6 | Native of Md | Occupation —

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ | Number of ~~children living~~

Husband of
Wife

Father's Name Eugene Adams | Mother's Maiden Name Mary Adams

Cause of Death — Primary: Enteric = Colitis | How long sick 1 da.

Immediate: Not Known 105

Accident, ~~Suicide, Homicide~~

Reported by A. T. Crouse

Address Taylorsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full

Lewis Albert Aldridge

Certificate of Death

Died at Town New Windsor County Carroll MARYLAND

Date 1904	Month	Day	Age	Y.	M.	D.	Native of	Occupation
	June	25		60	9	12	Maryland	M. D.

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widowed~~ Widower ~~Divorced~~ ~~Number of children living~~

Husband ~~Wife~~ of Amelia Aldridge

Father's Name Oliver P. Aldridge Mother's Maiden Name Priscilla Yourman

Cause of Death — Primary: Dropsy

Immediate: Heart failure

How long sick 3 yrs.

Accident, Suicide, Homicide

Reported by G. W. Hinterson M.D.

Address New Windsor

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70[illegible]

H. Bankard Heb

Undertakers

Name in Full: Barbary Angell

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Copperville; County: Carroll

Date of death 1904: Month: June; Day: 5

Age: Years: 81; Months: 8; Days: 24

Sex: Female

Color or Race: White

Birthplace: Md

Occupation: Housewife

Where Residing if not at place of death:

~~Married, Single~~ or Widowed

Name of ~~Wife or~~ Husband: Abraham Angel

Father's Name: Copenhaver

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving information: Ada. Angell

How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old age

How long:

Immediate: Cerebral Hemorrhage

How long: 1 wk

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C Bruns

Address: Taneytown

~~Accident or~~ Suicide?

LIBRARY BUREAU A88016

Name in Full: Irene Armiger

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Mount Airy — County: Carroll

Date of death: Month: June — Day: 27th — Year: 1904 — Age: Years — Months — Days: 52

Sex: Female — Color or Race: White — Birthplace:

Occupation:

Where Residing if not at place of death: 1603 Hilton Ave Baltimore

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Armiger — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Malnutrition — How long: since birth

Immediate: Heart failure — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Walter S. Platt.

Address: 802 Cathedral St Baltimore

Accident or Suicide?

LIBRARY BUREAU A88916

Name in Full: Lenwood Armiger

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Hyattsville — County: Carroll

Date of death: Month: June — Day: 28 — 1904

Age: Years: — Months: — Days: 5 3

Sex: Male — Color or Race: White — Birthplace: —

Occupation: — Where Residing if not at place of death: Baltimore 1603 Mar.

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: — Father's Birthplace: —

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving Information: — How related to deceased: —

15

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Malnutrition. — How long: since birth

Immediate: Heart failure — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Walter B. Platt

Address: 803 Cathedral St Baltimore

Accident or Suicide? —

LIBRARY BUREAU A86616

Name in Full — Certificate of Death

Fredricka W. Bergman

Died at Town: Manchester County: Carroll — MARYLAND

Date 1904 Month: June Day: 16 | Age Y. 51 M. 6 D. 7 | Native of: Germany | Occupation: House work.

~~Male~~ Female | White | ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~of~~ ~~Wife~~

Father's Name: John G Bergman | Mother's Maiden Name: Fredricka Lamb

Cause of Death — Primary: Apoplexy | How long sick: Three weeks

Immediate: Complete Paralysis | ~~Accident, Suicide, Homicide~~

Reported by: Dr F Preston MD

Address: Manchester MD

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Fanny Birnie

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Taneytown; County: Carroll

Date of death: Month: June; Day: 24; Year: 1904; Age: Years: 94; Months: 8; Days:

Sex: Female; Color or Race: Irish American; Birthplace: Ireland

Occupation: Housewife; Where Residing if not at place of death:

Married, Single or Widowed: Single; Name of Wife or Husband:

Father's Name: Edwardy Birnie; Father's Birthplace: Ireland

Mother's Maiden Name: Hellie McNaughtone; Mother's Birthplace: Ireland

Name of person giving Information: E. Birnie; How related to deceased: nephew

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old age; How long:

Immediate: Bronchitis; How long: 8 days

90

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. Birnie M.D.

Address: Taneytown

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Maria Bricker

CERTIFICATE OF DEATH

MARYLAND

492

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Westminster — County: Carroll

Date of death 1904: Month: June — Day: 8

Age: Years: 68. — Months: 6 — Days: 10

Sex: Female — Color or Race: White — Birthplace: Maryland

Occupation: Housekeeper — Where Residing if not at place of death: Home

Married, Single or Widowed: Widow — Name of Wife or Husband: none

Father's Name: David E. Reigle — Father's Birthplace: Carroll Co

Mother's Maiden Name: Sarah Bikler — Mother's Birthplace: " "

Name of person giving Information: Harry Beggs — How related to deceased: Son.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dilated Heart — How long: 7 y

Immediate: " — How long: "

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Jos. D. Herring

Address: Westminster Md

Accident or Suicide?

LIBRARY BUREAU A86516

Name in Full: Still Born

CERTIFICATE OF DEATH

MARYLAND

Died at - Town: Westminster County: Carroll

Date of death: Month: June Day: 17 Year: 1904 Age: Years / Months / Days

Sex: male Color or Race: Colored Birthplace: Md

Occupation: Where Residing if not at place of death:

Married, Single or Widowed: Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Edward Carey Father's Birthplace: Pa

Mother's Maiden Name: Lillie May Bibby Mother's Birthplace: Md

Name of person giving Information: Lillie May Carey How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: How long:

Immediate: Still Born at full term How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Chas R. Fouth

Address: Westminster Md

Accident or Suicide?

LIBRARY BUREAU A88016

Name in Full: William J. Calzendafner

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Park Hill — County: Carroll

Date of death 1904	Month	Day	Age	Years	Months	Days
	June	4		86	6	2

Sex: Male — Color or Race: White — Birthplace: Maryland

Married, Single or Widowed: Married — Occupation: Retired Sailor.

Name of Wife or Husband: Elizabeth Blaxton

Father's Name: Wm Calzendafner — Father's Birthplace: Va

Mother's Maiden Name: Mary Blaxton — Mother's Birthplace: Md

Name of person giving information: Joshua Calzendafner — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old Age — How long: ✓

Immediate: Heart Failure 16.4 — How long: 2 years

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Luther Kemp

Address: Uniontown Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: William H. le Casson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Kumps Station; County: Leonce

Date of death: Month: June; Day: 24; Years: Age 68; Months: 5; Days: 19

Sex: Male; Color or Race: Americano; Birthplace: Md

Occupation: Plasterer; Where Residing if not at place of death:

Married, Single or Widowed: Married; Name of Wife or Husband: Lucy Creighton

Father's Name: John le Casson; Father's Birthplace: Md

Mother's Maiden Name: Anna M. Storm; Mother's Birthplace: Md

Name of person giving Information: Lucy Casson; How related to deceased: wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Grip; How long: 3 weeks

Immediate: Heart failure after Pneumonia; How long: 17 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: le Bonis

Address: Laneytown

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Martha Ann Davis

CERTIFICATE OF DEATH

494

Died at — Town: Bird Hill — County: Carroll — MARYLAND

Date of death: Month: June — Day: 10 — 1904

Age — Years: 66 — Months: 8 — Days: 12

Sex: Female — Color or Race: White — Birthplace: Maryland

Occupation: House wife — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of ~~Wife or~~ Husband: Hanson Davis

Father's Name: John Buckingham — Father's Birthplace: Maryland

Mother's Maiden Name: Eliza Logue — Mother's Birthplace: do

Name of person giving Information: Robert Davis — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Apoplexy — How long: 4 Days

Immediate: " — How long: "

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jas. H. Billingslea M. D.

Address: Westminster Md.

Accident or Suicide? No —

LIBRARY BUREAU A89816

Name in Full: Theodore Derr

CERTIFICATE OF DEATH

MARYLAND

501

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Westminster; County: Carroll

Date of death: Month: June; Day: 26; Year: 1904

Age: Years: 64; Months: 4; Days: 5

Sex: Male; Color or Race: White; Birthplace: Maryland

Occupation: Retired Merchant; Where Residing if not at place of death: —

Married, Single or Widowed: Married; Name of Wife or ~~Husband~~: Annie Crouse

Father's Name: Israel Derr; Father's Birthplace: Maryland

Mother's Maiden Name: Eliza Arnie; Mother's Birthplace: D.C.

Name of person giving Information: Annie Derr; How related to deceased: Wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis 20; How long: 11 days

Immediate: Blood Poison; How long: 48 hours

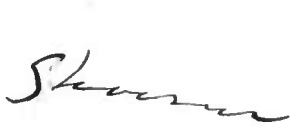
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Wm D. Wells

Address: Westminster Md

Accident or Suicide?

LIBRARY BUREAU A88816



Name in Full: Esther L. Dorsey

CERTIFICATE OF DEATH

MARYLAND

495

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Westminster; County: Carroll

Date of death: Month: June; Day: 12; Year: 90

Age: Years: 7; Months: 2; Days: 22

Sex: female

Color or Race: Colored

Birthplace: Westminster

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed: single

Name of Wife or Husband:

Father's Name: Howard Dorsey

Father's Birthplace: Md

Mother's Maiden Name: Emma Hill

Mother's Birthplace: Md.

Name of person giving information: Joseph Wilson

How related to deceased: not related

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Coryza — 88

How long: 2 days.

Immediate: Croup.

How long: several hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Chas. R. Foutz

Address: Westminster Md.

Accident or Suicide?

LIBRARY BUREAU ABS016

Name in Full — Certificate of Death

— Hobbs

Died at Town: Near Sykesville County: Carroll MARYLAND

Date 1909 Month: June Day: 1 | Age Y. — M. — D. — | Native of — | Occupation —

Male / Female | White / Colored | Married / Single | Widow / Widower | Divorced | Number of children living

~~Husband~~ / ~~Wife~~ of

Father's Name Harry E. Hobbs

Mother's Name Mamie Hobbs

Cause of Death — Primary — Still Born — How long sick —

Immediate —

Accident, Suicide, Homicide

Reported by O. J. McEfferson M. D.

Address Sykesville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Sarah Ann Houck

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hampstead — County: Carroll

Date of death 1904: Month: 6 — Day: 30

Age: Years: 83 — Months: — Days: 4

Sex: Female — Color or Race: White — Birthplace:

Married, Single or Widowed: Widow — Occupation:

Name of Wife or Husband: Elias Houck, Dec'd

Father's Name: — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving information: Sarah Annacent — How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

154

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old Age — How long:

Immediate: Heart Failure — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R. C. Wells M. D.

Address: Hampstead Md

Accident or Suicide:

LIBRARY BUREAU A88516

Name in Full Jessie Lambert

Certificate of Death

Died at Town New Windsor County Carroll MARYLAND

Date 1904 Month June Day 25 | Age Y. 40 M. 3 D. 5 | Native of Maryland | Occupation

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | Widow ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband Wife of Harry Lambert deceased

Father's Name Wilson Englar. Mother's Maiden Name Lizzie Englar

Cause of Death: Primary Carcinoma Stomach — How long sick 6 months

Immediate Heart Failure

Accident, Suicide, Homicide

Reported by G. Le. Hinterson

Address New Windsor

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70808

H. Bankard & Co

Undertakers

Name in Full

Maggie A. Little

Certificate of Death

Died at Town: Frizellburg County: Carroll MARYLAND

Date 1904 Month: June Day: 4 | Age Y. 62 M. 2 D. 1 | Native of Carroll | Occupation Housekeeper

~~Male~~ Female | White | ~~Colored~~ | Married | ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living one

Husband of Wife: James S. Little

Father's Name: Peter S Rinehart | Mother's Name: Mariah Leister

Cause of Death — Primary: Ingrested Lumbago — How long sick: 4 weeks

Immediate: Pulmonary Edema — 18 hrs

Reported by: Jacob Rinehart — M.D.

Address: Frizellburg Carroll Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79706

Name in Full: Margaret Mitten

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Westminster — County: Carroll

Date of death: 1904 June 22 — Age: Years — Months — Days: 18

Sex: Female — Color or Race: White — Birthplace: Westminster

Occupation: none — Where Residing If not at place of death: Home

Married, Single or Widowed: single — Name of Wife or Husband: —

Father's Name: Charles G. Mitten — Father's Birthplace: Carroll Co

Mother's Maiden Name: Johanna Arnold — Mother's Birthplace: " "

Name of person giving In formation: Charles G. Mitten — How related to deceased: Father.

TO BE ANSWERED BY NEAREST FRIEND

494

CAUSES OF DEATH

Primary: Spina Bifida — How long: Congenital

Immediate: Inanition — How long: 9 Days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R. Woodward

Address: Westminster Md.

Accident or Suicide? No

PHYSICIAN OR CORONER

LIBRARY BUREAU A88616

Name in Full: David Nickey

CERTIFICATE OF DEATH

MARYLAND

500

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Westminster — County: Carroll

Date of death: 1904 — Month: June — Day: 23 — Age: Years 79 — Months 5 — Days 7

Sex: Male — Color or Race: White — Birthplace: Pennsylvania

Occupation: Laborer — Where Residing if not at place of death: Home

Married, Single or Widowed: Widower — Name of Wife or Husband:

Father's Name: George Nickey — Father's Birthplace: Don't Know

Mother's Maiden Name: Elizabeth Shadow — Mother's Birthplace: " "

Name of person giving Information: Mary Watson — How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Senility — How long: —

Immediate: Pulmonary Tuberculosis — How long: Several years

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. Woodward

Address: Manchester, Md.

Accident or Suicide?

LIBRARY BUREAU A88515

Name in Full — Certificate of Death

Wm. W. Phillips

Died at — Town: Hampstead — County: Carroll — MARYLAND

Date 1904 — Month: June — Day: 11 — Age: Y. 79 M. 0 D. 0 — Native of: Maryland — Occupation: Farmer

Male — ~~Female~~ — White — ~~Colored~~ — Married — ~~Single~~ — ~~Widow~~ — Widower — ~~Divorced~~ — Number of children living 7

Husband of Sarah Phillips — ~~Wife~~

Father's Name: Alexander Phillips — Mother's Name: ~~Priscilla~~ Micha Barnes

Cause of Death — Primary: C. D. L. — How long sick: 90

Immediate: Heart failure — Accident, Suicide, Homicide

Reported by R. C. Weller

Address Hampstead Carroll, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 6EF6S

Name in Full: Ellanora V. Sneigard

CERTIFICATE OF DEATH

MARYLAND

495

Died at: Town: Westminster — County: Carroll

Date of death: Month: June — Day: 19 — Year: 1904 — Age: Years: 23 — Months: 8 — Days: —

Sex: Female — Color or Race: White — Birthplace: Maryland

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of ~~Wife or~~ Husband: Francis R Sneigard

Father's Name: Essig Knight — Father's Birthplace: Maryland

Mother's Maiden Name: Cora Kretzer — Mother's Birthplace: Md

Name of person giving Imformation: Frank R Sneigard — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Puerperal Sepsis — How long: 4 weeks

Immediate: " " — How long: "

137

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jos. T. Herring

Address: Westminster Md

11 8

~~Accident or Suicide~~?

LIBRARY BUREAU A88518

Name in Full: Mrs Susan Spangler

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Harney — County: Carroll

Date of death 1904: Month: June — Day: 24 — Years: Age 84 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Harney

Occupation: House wife — Where Residing if not at place of death

Married, Single or Widowed: Widowed — Name of Wife or Husband: Jessie L Spangler

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Imformation: M. S. Pearre — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Infirmities of Age 66 — How long

Immediate: Paralysis — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: M. S. Pearre

Address: Harney Md.

Accident or Suicide?

LIBRARY BUREAU A5N016

Name in Full: Spielman Louis

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sykesville. County: Carroll

Date of death: Month: Jan. Day: 29. 1909

Age: Years: 43 Months: Days:

Sex: Male. Color or Race: White. Birthplace: Prussia

Occupation: Salesman. Where Residing if not at place of death: Springfield Hospital

Married, Single or Widowed. Name of Wife or Husband: Mrs Spielman

Father's Name: [illegible] Father's Birthplace: Prussia

Mother's Maiden Name: [illegible] Mother's Birthplace: Prussia

Name of person giving Information: Wife Mrs Spielman. How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis. How long: 7 years

Immediate: Exhaustion. How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr Clement Clark

Address: Sykesville Md

Accident or Suicide?

LIBRARY BUREAU ABU316

Name in Full: John Stoner

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Springfield State Hospital; County: Sykesville

Date of death 1904: Month: June; Day: 21; Age: Years: 83; Months: —; Days: —

Sex: Male; Color or Race: White; Birthplace: Md

Married, ~~Single or Widowed~~; Occupation:

Name of Wife or Husband:

Father's Name: 154; Father's Birthplace:

Mother's Maiden Name: Mother's Birthplace:

Name of person giving Information: John D. Stoner; How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Senility; How long:

Immediate: General debility; How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Chas J Carey

Address: Sykesville Md

Accident or Suicide?

LIBRARY BUREAU A98816

H Barnard
Undertaker

Name in Full: Alice Wagner

CERTIFICATE OF DEATH

498

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Westminster — County: Carroll — MARYLAND

Date of death: Month: June — Day: 12 — 1904

Age: Years: 43 — Months: 8 — Days: 15

Sex: Female — Color or Race: White — Birthplace: Carroll Co.

Occupation: Home Keeper — Where Residing if not at place of death: Home

Married, Single or Widowed: Married — Name of Wife or Husband: Phillip Wagner

Father's Name: Abram Mobley — Father's Birthplace: Carroll Co

Mother's Maiden Name: Doris Knox — Mother's Birthplace:

Name of person giving information: Phillip Wagner — How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: About year

Immediate: " " — How long: " "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jos. J. Herring

Address: Westminster

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Wilbur R. Hardman

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Tyrone — County: Carroll

Date of death 1904: Month: June — Day: 17 — Age: Years — Months: 2 — Days:

Sex: Male — Color or Race: White — Birthplace: Tyrone

Married, Single or Widowed: Single — Occupation: None.

Name of Wife or Husband: —

Father's Name: Foster M. Hardman — Father's Birthplace: Maryland

Mother's Maiden Name: Minnie C. Benedict — Mother's Birthplace: Maryland

Name of person giving information: Mrs. Benedict — How related to deceased: Grand-Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Malnutrition — How long: 2 mos

Immediate: None — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Luther Kent

Address: Mechanicsville Md.

Accident or Suicide?

LIBRARY BUREAU A88618

Name in Full: Johan Murray Yingling

CERTIFICATE OF DEATH

494

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Westminster — County: Carroll — MARYLAND

Date of death: 1904 — Month: June — Day: 22 — Age: Years: 68 — Months: 7 — Days: 26

Sex: Male — Color or Race: White — Birthplace: Maryland

Occupation: Painter — Where Residing if not at place of death: —

Married, Single or Widowed: Widower — Name of Wife or ~~Husband~~: Louisa Warfield

Father's Name: Benjamin Yingling — Father's Birthplace: Maryland

Mother's Maiden Name: Ruth Shilling — Mother's Birthplace: Do

Name of person giving Imformation: Howard Yingling — How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old age — How long: 3 months

Immediate: Heart Failure — How long: —

154

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jas. H Billingslea M.D.

Address: Westminster Md

Accident or Suicide? No

LIBRARY BUREAU A88616